

RCE
TGW

Please Direct All Correspondence to Customer Number 20995



Applicant : Kazmierczak et al.
 App. No : 10/663,381
 Filed : September 15, 2003
 For : SHOULDER SLING
 Examiner : Shumaya B. Ali
 Art Unit : 3743

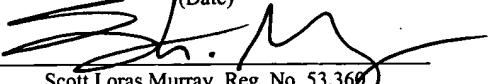
REQUEST FOR CONTINUED EXAMINATION

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 22, 2006

(Date)


 Scott Loras Murray, Reg. No. 53,368

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

(X) Enclosed:

- (X) Response to Office Action in 8 pages.
- (X) Declaration Under 37 CFR 1.131 Proving Prior Invention in the United States to Overcome Cited Patent with Exhibit A containing 4 photographs.
- (X) Supplemental Information Disclosure Statement in 1 page, including:
- (X) Form PTO/SB/08 Equivalent in 1 page listing 3 references.
 - (X) 3 references enclosed.
- (X) Return Postcard.

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2. Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		1801 (\$790)		\$790
Suspension of Action		1463 (\$130)		\$0
Total Claims	27 - 27 = 0	1202 (\$50)	0 x 50 =	\$0
Independent Claims	6 - 6 = 0	1201 (\$200)	0 x 200 =	\$0
Multiple Claim		1203 (\$360)		\$0
1 Month Extension		1251 (\$120)		\$120
2 Month Extension		1252 (\$450)		\$0
3 Month Extension		1253 (\$1,020)		\$0
			TOTAL FEE DUE	\$910

An extension of time is hereby requested by payment of the appropriate fee indicated above.

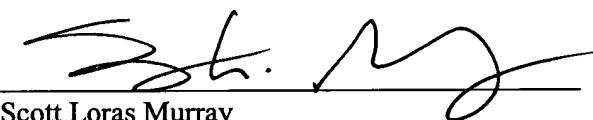
3. Payment:

Check in the amount of \$910 to cover the above fees.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,
KNOBBE MARTENS OLSON & BEAR LLP

Dated: 9-22-06


Scott Loras Murray
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